

Under the Paperwork Reduction Act of 1995, no person are required to respond to a collection of information unless it displays a valid OMB control number.

PTO/SB/17 (07-06)  
Approved for use through 01/31/2007. OMB 0651-0032  
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

<b>FEE TRANSMITTAL</b> <b>For FY 2005</b>		<b>Complete if Known</b>	
		Application Number	10/721,258
		Filing Date	November 26, 2003
		First Named Inventor	Brian S. Crawford
		Examiner Name	Y. Y. Kim
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27	Art Unit	1723	
<b>TOTAL AMOUNT OF PAYMENT</b>	<b>(\$)</b> 170.00	Attorney Docket No.	215407-106243

<b>METHOD OF PAYMENT</b> (check all that apply)	
<input type="checkbox"/> Check	<input type="checkbox"/> Credit Card
<input type="checkbox"/> Money Order	<input type="checkbox"/> None
<input type="checkbox"/> Other (please identify): _____	
<input checked="" type="checkbox"/> Deposit Account	Deposit Account Number: 50-3145
Deposit Account Name: Honigman Miller Schwartz and Cohn LLP	
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)	
<input checked="" type="checkbox"/> Charge fee(s) indicated below	<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17	<input checked="" type="checkbox"/> Credit any overpayments

<b>FEE CALCULATION</b>							
<b>1. BASIC FILING, SEARCH, AND EXAMINATION FEES</b>							
	<b>FILING FEES</b>		<b>SEARCH FEES</b>		<b>EXAMINATION FEES</b>		
		<b>Small Entity</b>		<b>Small Entity</b>		<b>Small Entity</b>	
<b>Application Type</b>	<b>Fee (\$)</b>	<b>Fee (\$)</b>	<b>Fee (\$)</b>	<b>Fee (\$)</b>	<b>Fee (\$)</b>	<b>Fee (\$)</b>	<b>Fees Paid (\$)</b>
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	
<b>2. EXCESS CLAIM FEES</b>							
						<b>Small Entity</b>	
						<b>Fee (\$)</b>	<b>Fee (\$)</b>
Each claim over 20 (including Reissues)						50	25
Each independent claim over 3 (including Reissues)						200	100
Multiple dependent claims						360	180
<b>Total Claims</b>		<b>Extra Claims</b>	<b>Fee (\$)</b>	<b>Fee Paid (\$)</b>	<b>Multiple Dependent Claims</b>		
21 - 20 = 1		x	50.00	=	50.00		
HP = highest number of total claims paid for, if greater than 20.							
<b>Indep. Claims</b>		<b>Extra Claims</b>	<b>Fee (\$)</b>	<b>Fee Paid (\$)</b>			
- 3 =		x		=			
HP = highest number of independent claims paid for, if greater than 3.							
<b>3. APPLICATION SIZE FEE</b>							
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).							
<b>Total Sheets</b>	<b>Extra Sheets</b>	<b>Number of each additional 50 or fraction thereof</b>	<b>Fee (\$)</b>	<b>Fee Paid (\$)</b>			
- 100 =	/50	(round up to a whole number) x		=			
<b>4. OTHER FEE(S)</b>							
Non-English Specification, \$130 fee (no small entity discount)							
Other (e.g., late filing surcharge): 1251 Extension for response within first month						120.00	

<b>SUBMITTED BY</b>			
Signature		Registration No. (Attorney/Agent)	33,373
Name (Print/Type)	Joseph V. Coppola, Sr.	Telephone	(248) 566-8500
		Date	September 21, 2006

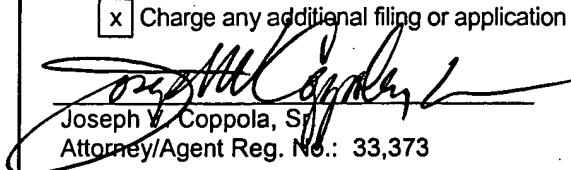
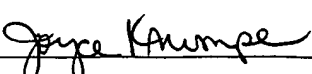
I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being deposited with the U.S. Postal Service on the date shown below with sufficient postage as First Class Mail, in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Dated: September 21, 2006

Signature: (Joyce A. Krumpke)



#1 f w

AMENDMENT TRANSMITTAL LETTER				Docket No. 215407-106243																																											
Application No. 10/721,258		Filing Date November 26, 2003		Examiner Y. Y. Kim																																											
				Art Unit 1723																																											
Applicant(s): Brian S. Crawford																																															
Invention: Liquid Filter With Directional Fluid Insert																																															
<p align="center"><b>TO THE COMMISSIONER FOR PATENTS</b></p> <p>Transmitted herewith is an amendment in the above-identified application. The fee has been calculated and is transmitted as shown below.</p> <table border="1"><thead><tr><th colspan="6">CLAIMS AS AMENDED</th></tr><tr><th></th><th>Claims Remaining After Amendment</th><th>Highest Number Previously Paid</th><th>Number Extra Claims Present</th><th>Rate</th><th></th></tr></thead><tbody><tr><td>Total Claims</td><td>21</td><td>- 20 =</td><td>1</td><td>x 50.00</td><td>50.00</td></tr><tr><td>Independent Claims</td><td></td><td>- 3 =</td><td></td><td>x</td><td></td></tr><tr><td colspan="5">Multiple Dependent Claims (check if applicable) <input type="checkbox"/></td><td></td></tr><tr><td colspan="5">Other fee (please specify): Extension for response within first month</td><td>120.00</td></tr><tr><td colspan="5"><b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:</b></td><td><b>170.00</b></td></tr></tbody></table> <p><input checked="" type="checkbox"/> Large Entity <input type="checkbox"/> Small Entity</p> <p><input type="checkbox"/> No additional fee is required for this amendment.</p> <p><input checked="" type="checkbox"/> Please charge Deposit Account No. <u>50-3145</u> in the amount of \$ <u>170.00</u>. A duplicate copy of this sheet is enclosed.</p> <p><input type="checkbox"/> A check in the amount of \$ _____ to cover the filing fee is enclosed.</p> <p><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p> <p><input checked="" type="checkbox"/> The Director is hereby authorized to charge and credit Deposit Account No. <u>50-3145</u> as described below. A duplicate copy of this sheet is enclosed.</p> <p><input checked="" type="checkbox"/> Credit any overpayment.</p> <p><input checked="" type="checkbox"/> Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.</p> <div><div><p>Joseph V. Coppola, Sr. Attorney/Agent Reg. No.: 33,373</p></div><div>Dated: <u>September 21, 2006</u></div></div> <p>HONIGMAN MILLER SCHWARTZ AND COHN LLP 38500 Woodward Avenue Suite 100 Bloomfield Hills, Michigan 48304-5048 (248) 566-8500</p> <div><p>I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being deposited with the U.S. Postal Service on the date shown below with sufficient postage as First Class Mail, in an envelope addressed to: MS Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.</p><p>Dated: September 21, 2006      Signature:  (Joyce A. Krumpe)</p></div>						CLAIMS AS AMENDED							Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate		Total Claims	21	- 20 =	1	x 50.00	50.00	Independent Claims		- 3 =		x		Multiple Dependent Claims (check if applicable) <input type="checkbox"/>						Other fee (please specify): Extension for response within first month					120.00	<b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:</b>					<b>170.00</b>
CLAIMS AS AMENDED																																															
	Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate																																											
Total Claims	21	- 20 =	1	x 50.00	50.00																																										
Independent Claims		- 3 =		x																																											
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>																																															
Other fee (please specify): Extension for response within first month					120.00																																										
<b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:</b>					<b>170.00</b>																																										